

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

N.J.A.C. 13:39–6.2 Registered pharmacist-in-charge

(a) Every pharmacy shall name a pharmacist licensed and in good standing in New Jersey as the registered pharmacist-in-charge of the pharmacy. No pharmacy shall operate without a registered pharmacist-in-charge for longer than 30 days.

(b) Whenever the registered pharmacist-in-charge is absent from the pharmacy for more than 30 days, the registered pharmacist-in-charge and the permit holder shall notify the Board of the name of the registered pharmacist who shall act as the interim registered pharmacist-in-charge.

© A registered pharmacist shall not assume the responsibilities of a registered pharmacist-in-charge of more than one pharmacy or pharmacy department simultaneously.

(d) Whenever there is a change of a registered pharmacist-in-charge of a pharmacy or other Board licensed establishment, an inventory of all controlled dangerous substances as defined in N.J.A.C. 8:65–10.1 through 10.5 shall be performed consistent with the requirements of N.J.A.C. 8:65–5.4 and 5.5.

(e) Whenever a registered pharmacist assumes or terminates the duties as a registered pharmacist-in-charge of a pharmacy or other Board-licensed establishment, the registered pharmacist-in-charge and the permit holder shall so advise the Board in writing within 30 days by completing a form provided by the Board.

(f) A registered pharmacist-in-charge shall be a full-time employee, employed for a minimum of 35 hours per week and shall be physically present in the pharmacy or pharmacy department for that amount of time necessary to supervise and ensure that:

1. Adequate staffing is present to fulfill the needs of the pharmacy or pharmacy department;
2. Accurate records of all prescription medication received and dispensed are maintained;
3. Policies are in place regarding accurate dispensing and labeling of prescriptions and that such policies are followed;
4. Security of the prescription area and its contents are maintained at all times, including the restriction of persons unauthorized by the pharmacist on duty from being present in the prescription area while the pharmacist is temporarily absent but within the premises and the reporting of any thefts and/or diversions of controlled substances are reported upon discovery to the Office of Drug Control and the Drug Enforcement Administration pursuant to Federal and State requirements, consistent with the requirements of N.J.A.C. 8:65–2.5(d);
5. Only pharmacists and interns or externs under immediate personal supervision provide professional consultation with patients and physicians;
6. Only pharmacists, interns or externs accept telephone prescriptions and only pharmacists, interns or externs, or pharmacy technicians consistent with the requirements of N.J.A.C. 13:39–6.6(b), accept renewal authorizations;
7. No misbranded, deteriorated, adulterated, improperly stored or outdated drugs or any drugs marked “sample” or with any like designation or meaning are dispensed or present in the active stock in the pharmacy;
8. The prescription area is maintained in an orderly and sanitary manner; and
9. The pharmacy and all pharmacy personnel comply with all Federal and State statutes, rules and regulations governing the practice of pharmacy.

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

NOTICE OF CHANGE OF PHARMACIST -IN -CHARGE

Pharmacy Permit Number 28RS00 _____ Today's date _____

Name of the Pharmacy _____

Address of Pharmacy _____

Street Address

City

Zip code

This is to advise that _____ holding
(Name of new RPIC))

RPH license number 28RI0 _____ will assume the duties of Pharmacist In Charge
at the above identified pharmacy on _____
(Effective Date)

He/She is replacing _____
(Name of RPIC Being Replaced)

Name of Corp. Officer or Proprietor submitting notice

Signature of person submitting notice

I agree to assume the duties responsibilities as the pharmacist-in-charge at the above identified pharmacy and am aware of my personal liability for violation of the NJ Pharmacy Act. I am aware of the need to inventory Controlled Dangerous Substances at the time I assume the position of Pharmacist- in-charge and when I leave this pharmacy.

(Signature of In-coming Registered Pharmacist in Charge)

(Date)